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SEP 22 2003

Date: September 19, 2003

To: Examiner Shahid Al Alam, Group Art Unit 2172

Organization: U.S. Patent Office

Fax Number: (703) 746-7239

Phone Number: (703) 305-2358

From: Joseph A. Sawyer, Jr.

Re: In response to the Office Action dated June 19, 2003 following are:

- a Transmittal Form (1 pg)
- an Amendment (31 pgs)

This is page 1 of 33 pages. (including this cover sheet)

CONFIDENTIALITY NOTE:

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SEP-19-03 16:28

FROM-SAWYER LAW GROUP LLP
TRANSMITTAL FORM

650-493-4549

T-461 P.002 F-636
Attorney Docket No.
CA919990047US1/1796P

In re the application: Matthew A. HURAS, et al.

Confirmation No. 7317

Serial No: 09/774,202

Group Art Unit: 2172

Filed: January 29, 2001

Examiner: Alam, Shahid Al

For: Online Database Table Reorganization

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group <i>July 22, 2003</i>
	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts		*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .		
	<input type="checkbox"/> Executed Declaration by Inventor(s)				

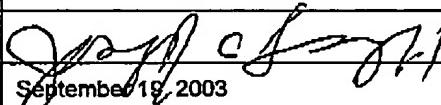
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	59	59	0	\$18.00	\$ 0.00
Independent Claims	9	9	0	\$84.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	September 19, 2003

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being faxed to: Examiner Shahid Al Alam at (703) 746-7239 at the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 19, 2003.

Type or printed name	Grace Alicea
Signature	